



Franchise Return For Financial Institutions

Period Ending \_\_\_\_ / \_\_\_\_ (mm/yy) ▲

OFFICIAL USE ONLY

Check all that apply:

- This is a Short Period Return. Mailing Address Change
The bank has opened, closed, or moved branch locations. (Provide a schedule.)

Contact Person

Phone No.: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name and Address

- 01 Pay Return 02 Amended Pay
03 No Pay Return 05 Amended No Pay

Please check the appropriate box

Federal TIN: \_\_\_\_\_ ▲

Is this a first or final return? If yes, check the appropriate boxes.

- First Return: New Business, Successor, Entering Iowa
Final Return: Reorganized, Merged, Dissolved

Type of Return:

- 100% Iowa, Not 100% Iowa
No Iowa banking locations, Inactive bank

Filing Status: Separate Iowa/Federal S Corporation
Separate Iowa/Separate Federal
Separate Iowa/Consolidated Federal
Name of Consolidated Parent:
Parent's Federal TIN:

Was Federal income or Federal tax changed for any prior period(s)?

- Yes. Periods Changed: Reason: Federal audit
No 1120X 1139

USE WHOLE DOLLARS ONLY

Table with 28 rows for tax calculations: 1. NET INCOME, 2. INTEREST and DIVIDENDS Exempt from Federal income tax, 3. IOWA FRANCHISE TAX EXPENSED ON FEDERAL RETURN, 4. OTHER ADDITIONS, 5. TOTAL IOWA INCOME, 6. OTHER REDUCTIONS, 7. INCOME SUBJECT TO APPORTIONMENT, 8. IOWA PERCENTAGE, 9. DEDUCTION for APPORTIONED INCOME, 10. NET OPERATING LOSS, 11. TOTAL REDUCTIONS, 12. IOWA NET INCOME, 13. COMPUTED TAX, 14. MINIMUM TAX, 15. TOTAL TAX, 16. MINIMUM TAX CARRYFORWARD CREDIT, 17. OTHER CREDITS, 18. PAYMENTS, 19. TOTAL CREDITS and PAYMENTS, 20. NET AMOUNT, 21. PENALTY for underpayment of estimate tax, 22. PENALTY for failure to pay or failure to file, 23. TOTAL PENALTIES, 24. INTEREST, 25. TOTAL DUE, 26. NET OVERPAYMENT, 27. CREDIT TO NEXT PERIOD'S ESTIMATED TAX, 28. REFUND REQUESTED.

29. FOR OFFICIAL USE ONLY 29.

A complete copy of your Federal return, as filed with the Internal Revenue Service, MUST be filed with this return. If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and to the best of my knowledge, believe it to be true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Officer's Signature Date Title
Preparer's Signature Date Preparer's ID No.

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempts section 291 & 265		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Depreciation Adjustment (IA 4562A)		
8. Other:		
9. <b>TOTALS</b>		
Enter Totals On:	LINE 4, IA 1120F, Schedule A	LINE 6, IA 1120F, Schedule D

**Schedule C1 - Credits**

	Amount
1. Investment Tax Credit (attach IA 3468)	
2. Property Rehabilitation Tax Credit	
3. Property Rehabilitation Credit (discounted)	
4. Endow Iowa Credit	
5. Venture Capital Credit	
6. Economic Development Region Revolving Fund Tax Credit	
7. Corporate Tax Credit for Sales Taxes Paid by Third Party Developer	
8. Wage Benefit Tax Credit	
9. Total. Add lines 1-8.	
Enter on line 17, IA 1120F	

**Schedule C2 - Payments**

Current Period's Estimated Tax Payments	Amount	Date of Payment
1. Prior Period's Overpayment Credited to Current Period		
2. First Installment:		
3. Second Installment:		
4. Third Installment:		
5. Fourth Installment:		
6. Voucher Payments		
7. Other Payments		
8. Total Payments. Add lines 1-7.		
Enter on line 18, IA 1120F		

**Allocation Schedule**

Principal IOWA Branch Address	Name of Iowa Incorporated City Where Principal Branch is Located	Name of County	OFFICIAL USE ONLY
			00-00

**Additional Information**

- Short period information: Period \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_  
Reason for short period: \_\_\_\_\_
- Year business was started in Iowa: \_\_\_\_\_
- Information from the prior return:  
Corporation Name: \_\_\_\_\_  
Federal TIN: \_\_\_\_\_ Net Income: \_\_\_\_\_
- Accounting method:  Cash  Accrual Year accrual method began: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ TIN: \_\_\_\_\_

**Please note:**

Use whole dollars for all amounts shown on this return and any schedules or attachments.

**Mail your return to:**

Franchise Tax Return Processing  
Iowa Department of Revenue  
PO Box 10413  
Des Moines IA 50306-0413

**Any questions?**

Iowa is in the Central Time Zone.  
Call 1-800-367-3388 (Iowa only)  
or 515/281-3114  
Hours: 9 a.m. - 4 p.m.,  
Monday-Friday  
Web site: www.state.ia.us/tax  
E-mail: idr@iowa.gov